

APPLICATION FOR USE OF CAMPUS FACILITIES

Va. Sch f/t Deaf, Blind & Multi-Disabled at Hampton

1. Name of Applicant _____ Date _____
 2. Name of Organization _____
 3. Purpose for which
facility to be used _____
-

APPENDIX A ATTACHED? _____ YES _____ NO (in lieu of 4 & 5 below)

4. Itemize facilities required, special equipment, etc. _____

5. Activity Schedule:
Date _____ Day of Week _____ Nature of Activity _____ Time(From-To) _____

6. The undersigned hereby make(s) application to the Commonwealth of Virginia, Virginia School for the Deaf, Blind and Multi-Disabled at Hampton, for use of school facilities listed above, or in Appendix A. It is understood that VSDBM-H makes no promise, representation or warranty as to the fitness or condition of the said facilities, not withstanding any oral or implied representations to the contrary. The undersigned warrants that the applicant will observe all rules and regulations of VSDBM-H, and that the applicant will exercise the utmost care in the use of VSDBM-H premises and property, and will assume responsibility for any loss of or damage to said premises and property which arises during or as a result of applicant's use thereof, regardless of cause. The user understands and agrees that it is responsible for the acts/omissions of all of its participants or others using the premises as a result of this agreement.

7. The undersigned agrees to indemnify and hold harmless the Commonwealth of Virginia, the Virginia School for the Deaf, Blind and Multi-Disabled, its agents and employees from any and all claims including injuries to persons and/or property arising, directly or indirectly out of such use. The undersigned further releases the Commonwealth of Virginia and VSDBM-H, including its agents and employees, from any damage to or loss of its property while on VSDBM-H premises, regardless of cause.
8. Applicant agrees that in the event or cancellation less than 14 days prior to scheduled date or in the event fewer than scheduled persons participate in the event, applicant will nevertheless be liable for a fee not less than 50% of the amount which would have been due under the original terms of the agreement.
9. VSDBM-H reserves the right at all times to terminate use of the facility or to require user, or any participant with user, to leave the VSDBM-H premises. This agreement is not assignable.
10. This agreement supersedes all other agreements and/or representations, written and/or oral.

Applicant: _____ Approved By _____

Address: _____ Telephone # _____

Please complete this form and submit to:
Director of Operations
Va. Sch. f/t Deaf, Blind & Multi-Disabled-Hampton
700 Shell Rd.
Hampton, VA 23661-2299

FOR OPERATION'S DEPARTMENT OFFICE USE ONLY

Date Received: ____ Approved ____ Disapproved ____ Signature _____

DISTRIBUTION:

1. Applicant
2. Business Office
3. Food Service
4. Housekeeping
5. Security
6. Buildings & Grounds

FEES:

Environmental Service _____
Security _____
Other _____
(Explain)
TOTAL _____

This form has been approved as to form and substance by the Attorney General's office.